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|  |               |  |                  |              | Application or Docket Number |                        |    |                     |                        |  |
|--|---------------|--|------------------|--------------|------------------------------|------------------------|----|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001   |               |  |                  |              |                              |                        |    | -/                  |                        |  |
| CLAIMS AS FILED - PART I<br>(Column 1)   |               |  | (Column 2)       |              | SMALL ENTITY TYPE            |                        | OR | OTHER THAN          |                        |  |
| TOTAL CLAIMS   | 14            |  |                  |              | E                            | FEE                    |    | RATE                | FEE                    |  |
| FOR  | NUMBER FILED  | FILED NUMBER EXTRA                     |                  | BASIC        | FEE                          | 370.00                 | OR | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  | 14 minus 20   | = * (//                                | •                |              | X\$ 9=                       |                        | OR | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   | 2 minus 3     | =                                      | • /              |              | X42=                         |                        | OR | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |               |  | +140=            |              | )=                           |                        | OR | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2   |               |  |                  |              | TOTAL                        |                        | OR | TOTAL               | 740                    |  |
| CLAIMS AS AMENDED - PART II  |               |  |                  |              |                              |                        |    | OTHER               |                        |  |
| GINIOT CIU (Column 1) (Column 2) (Column 3)  |               |  |                  | SMA          | LL E                         | ENTITY                 | OR | SMALL               | ENTITY                 |  |
| Total CLAIMS REMAINING AFTER AMENDMENT  Total SINGEPENDENT * 7   | PRE           | GHEST<br>UMBER<br>EVIOUSLY<br>ND FOR   | PRESENT<br>EXTRA | RAT          | Έ                            | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total • 15   | Minus **      | 20                                     | =                | X\$ 9        | )=                           |                        | OR | X\$18=              | ,                      |  |
| Independent + 7  | Minus ***     | 3                                      | -                | X42          | =                            |                        | OR | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |               |  |                  |              | )=                           |                        | OR | +280=               |                        |  |
|  |               |  |                  |              | TAL                          |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |               |  |                  |              |                              |                        |    |                     |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Independent *   | N<br>PRE      | IGHEST<br>UMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA | RAT          | Έ                            | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total *  | Minus **      |  | e .              | . X\$ 9      | 9=                           |                        | OR | X\$18=              |                        |  |
| Independent •  | Minus ***     |  | <u> -</u>        | X42          | =                            |                        | OR | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |               |  |                  |              | )=                           |                        | OR | +280=               |                        |  |
|  |               |  |                  | TC<br>ADDIT. | TAL                          |                        | OR | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |               |  |                  |              |                              |                        |    |                     |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Independent   | H<br>N<br>PRI | IGHEST<br>UMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA | RAT          | Έ                            | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total •  | Minus **      |  | =                | X\$ 9        | =                            |                        | OR | X\$18=              |                        |  |
| Independent •  | Minus ***     |  |                  | X42          | =                            |                        | OR | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=   |               |  |                  |              |                              |                        | OR | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE                              |               |  |                  |              |                              |                        | OR | TOTAL<br>ADDIT, FEE |                        |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |               |  |                  |              |                              |                        |    |                     |                        |  |